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APPLICANTS

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**** CONTINUING DATA ******* *Yes*

This application is a CON of 10/274,848 10/21/2002 PAT 6,742,913
 which is a CIP of 09/756,458 01/09/2001 PAT 6,467,939

**** FOREIGN APPLICATIONS ******* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 04/21/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY FL	SHEETS DRAWING 8	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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ADDRESS

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TITLE

Motion activated decorative light

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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